How does SOC operate?

Children with the most challenging mental health issues, particularly those who are involved with multiple agencies will have a local coordinated team of individuals that will work to meet the child and family's needs for as long as is necessary. This team is referred to as the Family Support Team. Many such teams (though perhaps under different names) already exist for children with complex needs.

In addition to the Family Support Team, a System of Care brings a Local System of Care Policy Group into play. The Local SOC Policy Group's functions include reviewing and identifying policy (local and state) that may be creating a barrier to children getting their needs met. It is also responsible for contributing appropriate resources from its member agencies (for example, dollars or in-kind services), to assist in meeting the needs of a child being served in System of Care.
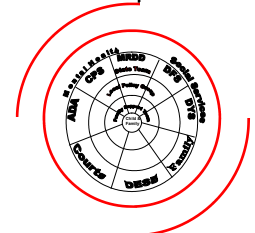

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State of Missouri

System of Care

Missouri System of Care for Children, Youth and Families

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What is SOC?

In a System of Care (SOC) mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) as well as other services and supports are organized in such a way as to enable children with the most complex needs to remain in their homes, schools and communities.

Systems of Care brings the right people together---at multiple levels---to develop resources and remove barriers for children with complex needs that might otherwise fall

Origin of SOC

Since the early 80's there has been a call for reform in children's mental health across the country. In 1984 the federal government initiated the Child and Adolescent Service System Program (CASSP) to help states begin to address the systemic problems facing children's mental health. CASSP articulated core values which specify that services should be community-based, child centered and family focused, and culturally competent. The proposed reform called for comprehensive, community-based systems of services and supports, which became known as "systems of care". Missouri received a CASSP grant in 1989 which identified necessary components of a system of care and began to build interagency partnerships at both the state and local level. In 1992-1993 DMH piloted the 503 Project, an interagency system of care demonstration for children and youth with Severe Emotional Disturbance (SED) in St. Louis County. SOC incorporates and builds on this rich history.

Who participates in System of Care?

State Level Coordination
1. Family Members
2. The Department of Social Services (DSS)
- Division of Youth Services (DYS)
- Division of Family Services (DFS)
- Division of Medical Services
3. Department of Elementary and Secondary Education (DESE)
- Division of Special Education
- Division of Vocational Rehabilitation
- Division of School Improvement
4. Courts and Office of State Courts Administrator (OSCA)
5. Department of Health and Senior Services
- Division of Maternal, Child and Family Health
6. The Department of Mental Health (DMH)
- Division of Comprehensive Psychiatric Services (CPS)
- Division of Alcohol and Drug Abuse (ADA)
- Division of Mental Retardation and Developmental Disabilities (MRDD)

Local Level Coordination
System of Care at the local level includes representative from the aforementioned state agencies as well as a variety of individuals representing many different organizations and interests.

Why System of Care

Children with the most complex needs are frequently placed in costly out-of-home placement; they often experience multiple placements by multiple agencies; they are often failing at school and they are frequently involved with the juvenile justice system. No one agency has the ability and/or the resources to adequately meet the multiple needs of these children. For services to be effective and cost efficient, they must be provided within a "System of Care" that unites all child-serving departments.

Primary Goals of SOC

1. Increase number of children and youth with complex, multiple mental health needs who will live in their own home or home-like settings as opposed to residential placements
2. Increase the days these children spend in school
3. Enhance communication across agencies regarding children that are mutually served
4. Enable agencies to more effectively utilize scarce resources
5. Identify gaps in services and build system capacity